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<b>DATE:</b>	November 15, 2007
<b>PTD IDENTIFIER:</b>	Application Number 10/823,365-Conf. #4859 Patent Number
<b>Inventor:</b>	Gavril W. Pasternak et al.
<b>MESSAGE TO:</b>	US Patent and Trademark Office
<b>FAX NUMBER:</b>	(571) 273-8300
<b>FROM:</b>	EDWARDS ANGELL PALMER & DODGE LLP Marina Heusch
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<b>Attorney Dkt. #:</b>	62069D1V2(51590)
<b>PAGES (including Cover Sheet):</b>	6
<b>CONTENTS:</b>	Supplemental Amendment (3 pages) Amendment Transmittal (1 page) Certificate of Transmission (1 page)
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Application No. (if known): 101823,365  
Attorney Docket No.: 82089DV2(615B9)

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**Supplemental Amendment (3 pages)  
Amendment Transmittal (1 page)**

AMENDMENT TRANSMITTAL LETTER				Docket No.
Application No. 106823,385-Cont. #4859	Filing Date April 13, 2004	Examiner L. M. Williams	62069DMV2(51590)	
Applicant(s): Gavril W. Pasternak et al.		Art Unit 1617		
Invention: TOPICAL ANESTHETIC/OPICOID FORMULATIONS AND USES THEREOF				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
20	- 35	= 0	x 25.00	0.00
Total Claims	0	- 3	= 0	x 105.00
Independent Claims	0	- 3	= 0	x 105.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Change any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Marina Heusch Attorney/Agent Reg. No. 47,847 EDWARDS ANGELL PALMER & DODGE LLP Three Stamford Plaza 301 Tresser Boulevard Suite 1310 Stamford, Connecticut 06901 (203) 353-8840				Dated: November 15, 2007 

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Attorney Docket No. 62069DIV2(51590)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>APPLICANTS:</b>	Pasternak, Gavril W., <i>et al.</i>	<b>EXAMINER:</b>	Williams, Leonard M.
<b>U.S.S.N.:</b>	U.S. Application No. 10/823,365	<b>ART GROUP:</b>	1617
<b>FILED:</b>	April 13, 2004	<b>CONFIRMATION NO.:</b>	4859
<b>FOR:</b>	TOPICAL ANESTHETIC/OPIOID FORMULATIONS AND USES THEREOF		

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that the attached Supplemental Amendment is being facsimile transmitted to the United States Patent & Trademark Office, to fax number (571) 273-8300 on the date indicated below.

Date: 11/15/2007

Deborah Clark  
 Deborah Clark

MS Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

**SUPPLEMENTAL AMENDMENT**

Applicants kindly ask that the above-identified application be amended as set forth below. It is believed that no fee is due. The Commissioner, however, is authorized to charge any additional fees occasioned by this paper, or credit any overpayment of such fees, to Deposit Account No. 04-1105.

Amendments to the specification begin on page 2.

Remarks begin on page 3 of this paper.